



## TRABUCO CANYON WATER DISTRICT | EMPLOYMENT APPLICATION

32003 Dove Canyon Drive, Trabuco Canyon, CA 92679

*An Equal Opportunity Employer*

**PLEASE PRINT**

**DATE** \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Home Telephone: (\_\_\_\_) \_\_\_\_\_ Alternate Telephone (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_ SSN.: \_\_\_\_\_

**Present Address**

\_\_\_\_\_  
No. Street City State Zip

**Permanent Address (if different from present address)**

\_\_\_\_\_  
No. Street City State Zip

**EMPLOYMENT DESIRED**

Position applying for: \_\_\_\_\_

***Are you applying for:***

Regular full-time work? Yes \_\_\_\_ No \_\_\_\_

Regular part-time work? Yes \_\_\_\_ No \_\_\_\_

Temporary work, e.g., summer or holiday work? Yes \_\_\_\_ No \_\_\_\_

What days and hours are you available for work? \_\_\_\_\_

If applying for temporary work, during what period of time will you be available?

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Are you available for work on weekends? Yes \_\_\_\_ No \_\_\_\_

Would you be available to work overtime, if necessary? Yes \_\_\_\_ No \_\_\_\_

If hired, on what date can you start work? \_\_\_\_\_

Salary desired: \_\_\_\_\_

## PERSONAL INFORMATION

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Have you ever applied to or worked for Trabuco Canyon Water District before? Yes \_\_\_\_ No \_\_\_\_

If yes, when? \_\_\_\_\_

Do you have any friends or relatives working for Trabuco Canyon Water District? Yes \_\_\_\_ No \_\_\_\_

If yes, state name and relationship: \_\_\_\_\_

Why are you applying for work at Trabuco Canyon Water District?

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If hired, would you have a reliable means of transportation to and from work? Yes \_\_\_\_ No \_\_\_\_

Are you at least 18 years old? Yes \_\_\_\_ No \_\_\_\_

(If under 18, hire is subject to verification that you are minimum legal age.)

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes \_\_\_\_ No \_\_\_\_

Are you able to perform the essential functions or the job for which you are applying? Yes \_\_\_\_ No \_\_\_\_

If no, describe the functions that cannot be performed

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**Note: TCWD complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, including skill and agility tests.**

Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes \_\_\_\_ No \_\_\_\_

**(Convictions for marijuana-related offenses that are more than two years old need not be listed.)**

If yes, state nature of the crime(s), when and where convicted and disposition of the case:

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**Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.**

Are you currently employed? Yes \_\_\_\_ No \_\_\_\_

If so, may we contact your current employer? Yes \_\_\_\_ No \_\_\_\_

## EDUCATION, TRAINING AND EXPERIENCE

	NAME & ADDRESS	NO. OF YEARS	DID YOU GRADUATE?	DEGREE/ DIPLOMA
HIGH SCHOOL				
COLLEGE/ UNIVERSITY				
VOCATIONAL/ BUSINESS				
HEALTH CARE				

Do you have any other experience, training, qualifications or skills which you believe make you especially suited for work at Trabuco Canyon Water District? If so, please explain:

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### **ANSWER THE FOLLOWING QUESTIONS IF YOU ARE APPLYING FOR A LICENSED OR CERTIFIED POSITION**

Are you licensed/certified for the Position applied for? Yes \_\_\_\_ No \_\_\_\_

Name of license/certification: \_\_\_\_\_

Issuing state: \_\_\_\_\_

License/certification number: \_\_\_\_\_

Has your license/certification ever been revoked or suspended? Yes \_\_\_\_ No \_\_\_\_

If yes, state reason(s), date of revocation or suspension and date of reinstatement

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## EMPLOYMENT HISTORY

*List below all present and past employment starting with your most recent employer (10 years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.*

Name of Employer: \_\_\_\_\_

Employer's Address

No.	Street	City	State	Zip
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Type of Business: \_\_\_\_\_

Telephone No. (\_\_\_\_) \_\_\_\_\_ Your Supervisor's Name: \_\_\_\_\_

Your Position and Duties:

\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Employer: \_\_\_\_\_

Employer's Address

No.	Street	City	State	Zip
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Type of Business: \_\_\_\_\_

Telephone No. (\_\_\_\_) \_\_\_\_\_ Your Supervisor's Name: \_\_\_\_\_

Your Position and Duties:

\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EMPLOYMENT HISTORY cont.

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Name of Employer: \_\_\_\_\_

Employer's Address

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No.	Street	City	State	Zip
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Type of Business: \_\_\_\_\_

Telephone No. (\_\_\_\_) \_\_\_\_\_ Your Supervisor's Name: \_\_\_\_\_

Your Position and Duties:

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Reason for leaving:

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Name of Employer: \_\_\_\_\_

Employer's Address

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No.	Street	City	State	Zip
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Type of Business: \_\_\_\_\_

Telephone No. (\_\_\_\_) \_\_\_\_\_ Your Supervisor's Name: \_\_\_\_\_

Your Position and Duties:

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Reason for leaving:

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***Note: Attach additional page(s) if necessary***

## MILITARY SERVICE

Have you obtained any special skills or abilities as the result of service in the military? Yes \_\_\_\_ No \_\_\_\_

If so, describe: \_\_\_\_\_

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## REFERENCES

*List below three persons not related to you who have knowledge of your work performance within the last three years.*

Name: \_\_\_\_\_

Address:

No.	Street	City	State	Zip
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Occupation: \_\_\_\_\_

Telephone No. (\_\_\_\_) \_\_\_\_\_ Number of Years Acquainted: \_\_\_\_\_

Name: \_\_\_\_\_

Address:

No.	Street	City	State	Zip
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Occupation: \_\_\_\_\_

Telephone No. (\_\_\_\_) \_\_\_\_\_ Number of Years Acquainted: \_\_\_\_\_

Name: \_\_\_\_\_

Address:

No.	Street	City	State	Zip
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Occupation: \_\_\_\_\_

Telephone No. (\_\_\_\_) \_\_\_\_\_ Number of Years Acquainted: \_\_\_\_\_

**PLEASE READ THE FOLLOWING CAREFULLY, INITIAL EACH PARAGRAPH & SIGN BELOW**

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\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ I hereby authorize Trabuco Canyon Water District to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the Trabuco Canyon Water District any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release Trabuco Canyon Water District, from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_ I understand that in accordance with Government Code Section 3100, Trabuco Canyon Water District employees, in the event of a disaster, are considered Disaster Service Workers and may be asked to respond accordingly.

\_\_\_\_\_ I understand that nothing contained in the application or conveyed during any interview is intended to create an employment contract between me, applicant, and Trabuco Canyon Water District. In addition, I understand and agree that if I am employed, my employment is an at-will position and may be terminated at any time, with or without prior notice or cause, at the option of either myself or Trabuco Canyon Water District, and that no promises or representations contrary to the foregoing are binding on Trabuco Canyon Water District unless made in writing and signed by me and Trabuco Canyon Water District's designated representative.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**PLEASE SUBMIT YOUR COMPLETED EMPLOYMENT APPLICATION TO TCWD BY ONE OF THE FOLLOWING METHODS:**

1. Mail or Personal Delivery: 32003 Dove Canyon Drive, Trabuco Canyon, CA 92679
2. Fax: (949) 858-3025
3. Email: [admin@tcwd.ca.gov](mailto:admin@tcwd.ca.gov)